

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

RECEIVED

497 CONTRIBUTION REPORT

NAME OF FILER Tim Goodrich for Torrance City Council 2014		Date of This Filing 03/22/2014	Date Stamp 2014 MAR 24 AM 8:27	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 310-299-8763	I.D. NUMBER (if applicable) 1355944	Report No. 002	CITY OF TORRANCE CITY CLERK'S OFFICE	
STREET ADDRESS PO Box 7146		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Torrance	STATE CA	ZIP CODE 90504		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
03/21/14	William Rosendahl Los Angeles, CA 90066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/21/14	Law Office of Michael Millman 2100 Sawtell Blvd. Ste. 105 West Los Angeles, CA 90025	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$150.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/21/14	James Lau Pasadena, CA 91105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Children and Families Commission	\$250.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

****Contributor Codes**
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee